



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: DEKALB HEALTH

City of Hospital: Auburn

Year Begin: 10/01/2018 (mm/dd/yyyy format)

Year End: 09/30/2019 (mm/dd/yyyy format)

Person Completing the Report: Bret Claghorn

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Medicare Provider Number: 150045

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$42956258
Outpatient Patient Service Revenue	\$154249283
Total Gross Patient Service Revenue	\$197205541

2. Deductions From Revenue

Contractual Allowance	\$118538448
Other Deductions	\$10231175
Total Deductions	\$128769623

3. Total Operating Revenue

Net Patient Service Revenue	\$68435918
Other Operating Revenue	\$2685071
Total Operating Revenue	\$71120989

4. Operating Expenses

Salaries and Wages	\$28584062	Employee Benefits	\$9284224
Depreciation and Amortization	\$4715803	Interest Expense	\$343731
Bad Debt	\$9877850	Other Expenses	\$1519105
Total Operating Expenses	\$54324775		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-668753	Total Assets	\$62858408
Net Non-operating Gains over Loss	\$86698	Total Liabilities	\$16600600
Total Net Gains	\$-582055		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$88096875	\$20482011	\$67614864
Medicaid	\$30150992	\$8729137	\$21421855
Other Government	\$2529127	\$466863	\$2062264
Other State	\$0	\$0	\$0
Other Payers	\$76428547	\$38757907	\$37670640
Total	\$197205541	\$68435918	\$128769623

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	566
Number of Hospital Patients Educated	3429
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
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Charity Care	\$0	\$129000	
HCI Payments	\$0		
Subtotal	\$0	\$129000	\$-129000
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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